FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V06854

THE MOUSE HOUSERY, INC.

Mailing Address

| 1 |
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| 1757 EAGLE TO PALM HARBOR | | | 1757 EAGLE TRACE BLVD. PALM HARBOR FL 34685-3313 | | | | | | |
|---|---|----------------------------|---|------------------------|------------------|--|----------------------------------|----------------|--|
| US | | US | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 01/15/1992 | 3a. Date of Last F 04/08/1996 | Report | |
| 2. Principal Pl | ace of Business | 2a. Mailing Ad | 2a. Mailing Address | | | 4. FEI Number | A | oplied For | |
| 21 | | 26 | | | | 59-3105934 Not Applicable | | | |
| Sulte, Apt. #, etc. | | Suite, Apt | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 22 | | 27 | | | | Fee Required | | | |
| City & State | 9 | City & Sta | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | | Trust Fund Contribution | LJ Added | to Fees | |
| Zip | Country | Zφ | - | Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 | [29] | | 30 | | Florida Statutes Yes No | | | |
| | 9, Name and Address of Cu | rrent Registered Ager | 11 | 81 | Name | 10. Name and Address of New Re | istered Agent | | |
| | LL, ROY H. | | | 61 | Name | | | | |
| | FAGLE TRACE BLVD. | | | 82 | Street Ac | dress (P.O. Box Number is Not Acceptab | lo) | | |
| PALI | M HARBOR FL 34685 | | | | | | | | |
| | | | | 83 | H | | | | |
| | | | | 84 | City | | 85 Zip | Code | |
| | | | | | ' | | FL | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
| SIGNATURE . | Signature, typod or printed name of registero | | | rectorista | -,-, | guired when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | (NOIE | 13. | eni signature re | ADDITIONS/CHANGES TO OFFIC | | 3S IN 12 | |
| TITLE | P | | DELETE | 111011 | | ADDITIONAL AND TO CALL | Change | Addition | |
| NAME | FIZELL, ROY H. | _ | , octor | 1.2 NAME | } | | ondingo | C_3 / too mon | |
| STREET ADDRESS | 1767 EAGLE TRACE BLVD. | | | | 1 AUDRESS | | | | |
| | PALM HARBOR FL | • | | | | | | | |
| CITY-ST-ZIP TITLE | S | | DELETE | 1.4 CITY - 2.1 MILE | S1-7P | | Change | Addition | |
| | FIZELL, CAROL A. | L | DECEN | | | | □ cuange | [_] Addition | |
| NAME | 1757 EAGLE TRACE BLVD. | | | 2.2 NAME | | | | | |
| STREET ADDRESS | PALM HARBOR FL | | | 1 | T ADDRESS | | | \ | |
| CITY-ST-ZIP | TALM HANDON TE | ···· | DELETE | 2. 4 City | -ST-7IP | <u> </u> | Change | Addition | |
| TITLE | | L. | DITTE | 3.1 TITLE | | | L., Gridinge | LT VOUIDOIL | |
| NAME | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | DELETE | 3.4, CITY | ST-ZIP | | Change | Addition | |
| TITLE | | | DELCIE | 4.1 TITLE | | | <u>г</u> л спапде | L_1 MODITION : | |
| NAME | | | | 4. 2 NAM | | | | Į | |
| STREET ADDRESS | | | | | 1 ADDRESS | | | | |
| CITY-ST-ZIP | | | DE SEE | 4.4 CHY- | S1-ZIP | | | | |
| TITLE | | L | DELFTE | 5 1 TITLE | | | Change | Addition | |
| NAME | | | | 5.2 NAME | į | | | Į | |
| STREET ADDRESS | | | | 5.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | 5.4 C/TY- | ST-7IP | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | | 6.3 STREE | 1 ADDRESS | | | | |
| CITY-SY-ZIP | | | | 6.4 CITY | \$1-2(P | | | | |
| | ou partify that the information our | uslind with this filing do | se not avalif. | | | ted in Coation 110 07/3/i) Florida Statuta | 1 feather postification | 46 | |

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

817789-1182